Intermittent Hydarthrosis of the Knee.

M. PANAS related to the Société de Chirurgie (*Union Méd.*, April 9; *Gaz. Méd.*, April 20) a case of double hydarthrosis of the knee, of a type of which he had never previously met with an example. It is not one of those recurring hydarthroses which return at variable epochs under the influence of the same special cause which gave rise to the first attack, but puts on an intermittent form as regular as that observed in intermittent fever. The subject is a woman twenty-two years of age, exempt from rheumatism, scrofula, or syphilis, who at the age of seventeen was delivered of an infant at full time and in good health. A fortnight afterwards she was seized suddenly with an indolent form of hydarthrosis in both knees, the fluid effused being sufficient to raise the patellæ very distinctly. This state of things lasted four days, when it all disappeared. A fortnight later to the day (always a Monday) the hydarthrosis again appeared, and lasted again four days; and so the affection kept on alternating during four years with the greatest exactitude. Twice during this time she became pregnant, once going to the full time, and once aborting, and on each occasion until delivery was accomplished the attacks were suspended, to recur after it at the same intervals as before. Of late they have continued longer, lasting a full week. During this long period all kinds of treatment had been tried without avail. When M. Panas admitted the patient into the hospital he was disposed to doubt her story; but he has since witnessed three of the attacks. Independently of the attacks, the joints seemed to have nothing the matter with them beyond a scarcely perceptible thickening around the synovial *culs-de-sac*, their movements being quite normal. Quinine and all other means have proved of no utility. M. Le Dentu remembers to have seen a somewhat similar case in Voillemier's service, occurring in the person of a young man, the hydarthrosis coming on every fortnight and lasting four or five days. In this case only one knee was affected, and the attacks came on with less regularity than in the case of M. Panas. After quinine and other remedies had completely failed, Voillemier practised transcurrent cauterization over the joints and kept the limb immovable; and the patient was dismissed, at all events temporarily cured.

M. VERNEUIL stated that he had met with a case at the Lariboisière exactly similar to those narrated, occurring in a young woman who had to be dismissed uncured. About ten years ago, also, he was consulted by a wealthy gentleman from the country who had suffered from the affection during several years. He had formerly applied to Nélaton, who told him that so rare was his complaint that he had only once before met with an example. Quinine was given, and a cure effected which held good for six years. When he came to M. Verneuil, the intermittent hydarthrosis had returned for about a year, and quinine had been again resorted to, but without any effect. Energetic compression was methodically employed, but the patient did not return.—*Med. Times and Gaz.*, May 4, 1878.

OPHTHALMOLOGY AND OTOLOGY.

Transverse Calcareous Film of the Cornea.

Mr. EDWARD NETTLESHIP read a paper on this subject at a late meeting of the Royal Medical and Chirurgical Society (*Lancet*, May 4, 1878). The disease, a somewhat rare one, has been described by various authors, but chiefly in its local relations. The chief objects of the paper are to draw attention to some points in the natural history of the disease which may throw light on its causation, and to confirm the statements of earlier writers, especially Dixon and Bowman, as to the good results of local treatment in suitable cases. A thin film of crystalline, chiefly calcareous, substance is formed beneath the anterior corneal epithelium; it can be chipped off in little flakes, leaving the underlying cornea clear. It is limited to the parts habitually uncovered by the lids, and when complete it forms a broad, nearly transverse stripe, terminating at each end a little within the lateral boundaries of the cornea. The symptoms, as a rule, are very slight, and there are generally no complications, even when the disease is of many years' standing; but sometimes chronic iritis and glaucoma come on, and occasionally ulceration takes place on the diseased patch. It seldom begins in both eyes at the same time, but is almost invariably symmetrical in the end. The film is formed slowly, and may continue to increase for some years. The disease is one of middle and advanced life, and its subjects, almost without exception, are males. Occupation seems to have no direct influence. The morbid tendencies of the patients, so far as they are at present known, lead the author to suggest that, in regard to causation, excess of uric acid in the blood furnishes the most likely explanation from the constitutional side, though local peculiarities, not at present understood, are necessary as determining causes. Several new cases with naked-eye and microscopic drawings are given. The paper is supplemented by abstracts of all the published cases (fifteen in number) known to the author, and in some of these (recorded some years ago by Mr. Fairlie Clarke) the present condition of the patients has been ascertained.

Mr. POWER thought most of the cases were referable to the gouty diathesis, the corneal opacity being also associated with accumulation of white matter along the borders of the lids. At the same time exposure to irritants might determine the corneal change. In several cases he had chipped off the thin film by means of a cataract knife. Mr. HUTCHINSON did not think the affection was so directly connected with the gouty diathesis as Mr. Power implied, and the first case he saw was one under the care of Messrs. Bowman and Dixon, and referred to by Mr. Nettleship in the paper. That case was at first thought to be gouty. Since then he had seen only two or three cases, and had not found them associated with gout. He suggested that, of predisposing causes, senility took first rank, and next, perhaps, gout, whilst no doubt other contributing causes, such as exposure to irritants, nerve-disorders, etc., might be present. He contrasted the condition in these respects with Dupuytren's contraction of the palmar fascia, which may be a senile change, or associated with gout, or induced in predisposed subjects by local inflammation, and he inquired whether this palmar fascial contraction was met with by Mr. Nettleship in many of his cases. Mr. NETTLESHIP, in reply, was interested to hear that Mr. Power had seen several cases of this affection. In none of his cases had he been aware of the presence of the condition of the palmar fascia referred to by Mr. Hutchinson, but he had not sought for it. Certainly it was never present so as to give rise to any discomfort. Since his paper was sent in he had seen another case in a female, and in this case only one eye was affected, although it had lasted for forty years. The patient was not gouty, but the urine was habitually loaded with lithates.

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Removal of Piece of Iron from the Lens by means of a Magnet.

At a late meeting of the Clinical Society of London (*Lancet*, March 30, 1878), Mr. McHARDY read notes of a case of removal of a chip of iron from the crystalline lens by means of a powerful magnet. The patient, thirty-one years of age, when at work, was struck in the eye by a fragment of steel from the hammer he was using. When seen, twenty-four hours after, there was evidence of commencing iritis; there was nothing in the vitreous; the eye was less painful than on the night of the accident; its tension normal. Atropine drops were prescribed. The next day there was no pain, and less congestion of the eye; the pupil was well dilated, and allowed of detection of a sharply defined opacity on the anterior surface of the lens in a downward-inward direction from the centre, the peripheral end being nearer to the margin of the dilated pupil. The cornea was almost normal. The atropine was continued, and absolute rest enjoined. The removal of the chip appeared to be imperative, lest it should gravitate downwards; at the same time Mr. McHardy was unwilling to remove the lens, and he also thought if it were injured by the forceps it would not be easy to tell if any subsequent opacity of the lens were due to the original injury or to the operation. He therefore had a magnetic spatula constructed by Messrs. Weiss, intending to use it in connection with an electro-magnet. On Mr. B. Carter's suggestion, the procedure was modified by employing a powerful bar magnet connected with two Grove's cells. Gradually approaching it to the front of the cornea, when it was four inches away the chip sprang from the lens to the inner surface of the cornea, and fell into the anterior chamber, whence it was removed, together with a small portion of iris. A patch of opacity exactly corresponding in size to the chip was left on the lens. Subsequently a cataract formed, and the injured lens became absorbed. The patient's vision, aided by a lens of twelve dioptrics, is normal for distant objects. Mr. McHardy acknowledged his indebtedness to Mr. Ladd and Dr. Tibbits for assistance and suggestions, and he referred to a paper by Dr. McKeown in the *Dublin Journal of Medical Science* for September, 1876, where three or four cases are recorded of the use of magnets in the removal of fragments of steel in the eye.

Mr. BRUDENELL CARTER, having seen the case, stated that the position of the fragment was such that any other attempt at its removal would have jeopardized the eye. If nothing had been done, the fragment would probably have fallen below the iris, and would have set up destructive inflammation; and any attempt at its removal by forceps would certainly have injured the lens. By withdrawing it from its bed and bringing it to the front of the iris, the magnet had obviated these difficulties.

Causes of Myopia.

At the International Medical Congress in 1877, M. HATTENHOFF reported as follows on the etiology of myopia. 1. The ordinary causes of myopia are heredity and ocular work, combined or singly. 2. Hypermetropia can be changed into myopia by ocular work. 3. The progress of civilization, and especially of education, tends to increase the amount of myopia. 4. The predisposition to acquired myopia is often hereditary. 5. In ocular work three factors are principally concerned in producing myopia—accommodation, convergence of visual axes, and oculo-cephalic congestion. 6. The conditions of age, circumstances, duration of work, nature of objects viewed, and state of visual apparatus, powerfully influence the development of myopia. 7. The prophylaxis of myopia includes individual hygienic measures at school and at home, which are in great part realizable by the united efforts of physicians and authorities. Among these measures may be reckoned the use of convex glasses for hypermetropes.—*London Med. Record*, March 15, 1878.

Amyl-Nitrite in Tinnitus Aurum.

MICHAEL (*Archiv für Ohrenheilkunde*) has found more or less improvement in nineteen out of thirty-three cases. In all cases in which benefit was derived there was increase of the tinnitus during the inhalation, and decrease with the disappearance of the flushing of the face from the amyl-nitrite. Weber Liel obtained improvement in two. Urbantschitsch also found improvement in one case. The last-named gentleman saw the inhalations followed by collapse of some minutes' duration, and by hemiplegia of a very short duration. He advises the use of only one drop at first, either pure or mixed with alcohol, and suspends the application after a few inhalations, as the action of the drug increases for several seconds, and may come on very suddenly.—*London Med. Record*, March 15, 1878.

MIDWIFERY AND GYNÆCOLOGY.

Normal Pregnancy and Accouchement during an Extra-Uterine Pregnancy of Seven Years' Duration.

This somewhat rare combination of circumstances has been observed and recorded by Madame Rampin, an obstetric practitioner in Toulon. In 1870 Marie C., who had had a natural accouchement two years previously, presented all the signs of another pregnancy—suppression of the menses, turgescence of the breasts, progressive enlargement of the abdomen, etc. Several months later she was seized with acute pains resembling those of labour, but her attendants, after vaginal examination, declared that there was no pregnancy. These pains lasted three days, when they gradually passed off. At the end of six months the menses reappeared, the swelling of the abdomen fell considerably, and became almost painless, and, with the exception that there was slight prolapsus uteri and a sense of weight in the right iliac fossa, the patient enjoyed comparatively good health. In 1875 she again became pregnant, and, after a natural labour of three hours, was delivered of a living child. Madame R. then took advantage of the flaccidity of the abdominal walls to make a careful examination of the tumour, and was so enabled to diagnose positively the existence of extra-uterine pregnancy. In the beginning of 1877 Marie C. died of phthisis. At the autopsy was found, in the right Fallopian tube, a full-grown fœtus, mummified, and enclosed in a firm, dense sac.—*Glasgow Med. Journal*, May, 1878, from *Lyon Médical*, Nov. 25, 1878.

Traction of the Lower Jaw in Head-last Cases.

Dr. MATTHEWS DUNCAN, at a late meeting of the Obstetrical Society of London (*British Med. Journ.*, May 4, 1878) contributed a paper on this subject. He commenced by saying that by the traction referred to two objects were professed to be gained—flexion of the head and extraction. Attempts to secure these objects by the fingers applied to the fossæ caninæ were in vain, because the force in a right direction available by such procedure was of too small amount. Besides traction of the lower jaw, there were two other sources of power: first, pulling by the feet or otherwise through the spine; this was the paramount force: second, expression, which, by mere strength of the accoucheur's arm, might be estimated as from 30 to 40 pounds, or, using the weight of the accoucheur's body, might reach 100 pounds. The dangers attending spinal pulling and expression were very considerable. Those of the latter method were as yet but little known. Danger in head-last cases, where the base of the skull was in the brim of the pelvis, was not from compression of the cord, but from asphyxia and from inhalation of solid and fluid matters into the lungs. Speedy delivery was